



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration
Center for Medicaid and State Operations 7500 Security Boulevard
Baltimore, MD 21244-1850

May 3, 2000

Mr. Brian A. Lapps
Assistant Commissioner
Department of Health
Bureau of TennCare
729 Church Street
Nashville, Tennessee 37247-6501

Dear Mr. Lapps:

I am pleased to inform you that your request for a Medicaid home and community-based services waiver, as authorized under the provision of section 1915(c) of the Social Security Act, has been approved. This waiver has been assigned control number 0357 which should be used in any subsequent correspondence.

Specifically, you submitted a waiver application to provide support coordination, residential habilitation, family-based living, supported living, day habilitation, supported employment, community participation, self-determination training and consumer education, respite, environmental accessibility adaptations, transportation, special equipment, supplies and assistive technology, personal emergency response systems, family education, personal assistance, behavior support, nutrition services, physical therapy, occupational therapy, speech, hearing and language therapy, nursing, dental and vision services.

You requested a waiver of section 1902(a)(10)(B) targeting individuals with mental retardation who are class members certified in *United States vs. Tennessee, et.al.* (Arlington Developmental Center) and who require care in an intermediate care facility for the mentally retarded. Also, you requested a waiver of section 1902(a)(10)(B) and 1902(a)(10)(C)(i)(III) relating to "comparability" of services and institutional income and resource rules, respectively.

Based on the assurance and information you provided, including additional clarifying information in response to our concerns, I approve the waiver request for a 3-year period effective July 1, 2000, as requested. With a satisfactory showing, the waiver may be renewed at the end of

the 3-year period. The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved.

YEAR	UNDULICATED RECIPIENTS	FACTOR D
1	224	\$141,928.60
2	320	\$157,257.01
3	416	\$173,385.79

We appreciate the cooperation and effort provided by you and your staff which made this approval possible.

Sincerely,

Director

cc:
Atlanta Regional Office